MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/780 298   FILING DATE

APPLICANT(S)

TOTAL 9/05 12-12-05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34			1		1	
35				1		1
36			1			1
37			1			1
38			1			1
39			1		1	
40			1			
41			1			1
42						1
43						1
44						1
45						1
46						1
47						1
48						1
49						1
50			1			1
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

						12-12-05	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				1
52		1				1
53		1				1
54						1
55		1				1
56		1				1
57		1				1
58		1				1
59		1				1
60						1
61						1
62						1
63						1
64		1				1
65		1				1
66		1				
67		1				1
68		1				1
69		1				1
70		1				1
71		1				1
72		1				1
73		1				1
74		1				1
75		1				1
76		1				1
77		1				1
78		1				1
79		1				1
80		1				1
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	3				3	
TOTAL DEP.	43				44	
TOTAL CLAIMS	46				47	